



NH Statewide Assessment State Approved Special Considerations NECAP, ACCESS for ELLs® School Year 2013-2014

All students, including students with disabilities and limited-English proficient (LEP) students, are expected to take part in the statewide academic assessment program in one of the following ways:

- participate in the general statewide assessment (NECAP) without accommodations;
- participate in the general statewide assessment (NECAP) with accommodations; or
- participate in the NH alternate assessment (NH-ALPs), available only for students with an Individualized Education Program (IEP) who meet specific criteria.

In addition, students identified as limited English proficient must also participate in the ACCESS for ELLs® (English Language Proficiency test).

State assessment policies place a great deal of responsibility on districts to include all students. Districts must juggle state requirements, student needs, and parents' wishes. Despite a district's best efforts, situations will arise that prohibit the inclusion of every student. Extended absence, family vacations, significant medical and emotional issues, and parent refusals are but a few of the issues that are not entirely within the district's control. Students who do not participate are reported in two different ways on assessment reports: did not participate for state approved reasons and did not participate for other reasons. The distinction is particularly important in reading and mathematics accountability reporting since the second case negatively affects reported participation rates, while the first does not.

The state approved reasons, called State Approved Special Considerations (SASC), fall within six broad areas: Medical Emergency/Serious Illness, Severe Emotional Distress, Death in the Family, Student who qualifies for the NH-ALPs but enroll after the start of NH-ALPs testing, Students who participate in another state's assessment system, and Exemption from ACCESS for ELLs® for NH-ALPs students. In all cases, the exemptions must be approved by the Director of Assessment at the NH Department of Education and are acknowledged with an email receipt to the school principal and district superintendent.

Contents of these Guidelines:

Pages	1-2:	Overview of State Approved Special Considerations (SASC)
Page	3:	Student Information Form (Must be submitted to NH-DoE with <u>every</u> request)
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SASC Procedure

SASC requests are made for each test administration separately (Fall NECAP, winter ACCESS for ELLs®, spring NH-ALPs, and Spring NECAP). Three of the six SASCs (SASC-1, SASC-2, and SASC-3) are based on significant medical or emotional disruptions to the student's life. In these three cases, the request is based on a decision made by an educational team that includes the student's teachers, school counselor, principal, parents or legal guardian, medical or mental health professional, and, if possible, the student. The other three SASCs (SASC-4, SASC-5, and SASC-6) are administrative in nature and thus the request may be made by district personnel.

➤ **Who does what?**

- **The Educational Team** gathers information, consults with appropriate people, documents the team discussion and offers a final recommendation **in writing** regarding whether to request a SASC. Documentation must include the basis for this recommendation.
- **The Educational Team** sends the documented recommendation to the district Superintendent for final review and action.
- **The District Superintendent** reviews the team recommendation, makes a final decision based on the documented information, then completes, signs, and forwards the appropriate *District Assurances* together with the student information form to the Director of Statewide Assessment at the NH Department of Education.
- **The Director of Statewide Assessment** reviews the submitted *District Assurances Form*, and if needed, contacts the principal or the office of the Superintendent for clarification or other action. The Department issues a written receipt with decision to the district Superintendent (copied to the principal) for each request for a SASC.

Note: The decision to test or not test a student should not depend on the outcome of the request to the NH-DoE. If a student can be assessed, he or she should be assessed. The result of an approved exemption is applied to assessment and accountability reporting.

Request for State Approved Special Considerations 2012-2013 is available online at:

<http://www.education.nh.gov/instruction/assessment/necap/admin/admin11.htm>

When are Forms SASC-1 (all 3 Cases), SASC-2, and SASC-3 due to the NH Department of Education?

- NECAP: Reading, Math and/or Writing
Must be submitted October 1 – 25, 2013 for the Oct. 2012 Fall NECAP test
- NECAP: Science
Must be submitted May 7 – 25, 2014 for the May 2014 Spring NECAP test
- NH-ALPs: All Content Areas (Reading, Math, Writing and/or Science):
Must be submitted March 1 – May 5, 2014 for the spring 2014 NH-ALPs test
- ACCESS for ELLs®: All domains tested
Must be submitted March 1 – 31, 2014 for the winter 2014 ELL test

When are forms SASC-4, SASC-5, and SASC-6 due to the NH Department of Education?

- SASC-4, (Case 1) NH-ALPs test window that impacts Spring 2014 Test Submission & Related Accountability
Must be submitted no later than October 1, 2014 (Otherwise NHDOE will expect a fall NECAP test)
- SASC-4, (Case 2) NH-ALPs test window that impacts Spring 2014 Test Submission & Related Accountability
Must be submitted no later than October 1, 2014 (Otherwise NHDOE will expect a fall NECAP test)
- SASC-5 Participating in another state's assessment program (other than NECAP or NH ALPs)
 - NECAP: Reading, Math and/or Writing
Must be submitted October 1 – 25, 2013 for the Oct. 2013 Fall NECAP test
 - NECAP: Science
Must be submitted May 7 – 25, 2014 for the May 2014 Spring NECAP test
 - NH-ALPs: All Content Areas: Reading, Math, Writing, and /or Science
Must be submitted by May 5, 2014 for the spring 2014 NH-ALPs test
- SASC-6 Exemption from ACCESS for ELLs® for student participating in NH-ALPs
Must be submitted by March 1, 2014

Fax (*do not email*) completed forms to:

Keith Burke, Interim Director of Statewide Assessment
NH Department of Education
101 Pleasant Street
Concord, NH 03301
fax: 603-271-0053

FAX NUMBER



State Approved Special Considerations

FORM 1: STUDENT INFORMATION FORM

(Form 1 must be submitted with all Requests)

Request Date						
Student First Name (Only):						
SASID:						
Date of Birth (MM/DD/YYYY):						
Gender:						
Reason for Request: <i>(circle one type)</i>	1. Medical Emergency or Serious Illness	2. Severe Emotional Trauma	3. Death in the Family	4. Missed NH-ALPs Window	5. Participating in Another State's Assessment System	6. Exemption from ACCESS for ELLs Due to NH ALPs Participation

Tests and Grade to be Impacted by this Request:

What grade will the student be in <u>during the assessment(s)</u> for which exemption is being requested? <i>(Please circle the appropriate grade number after name of the test to be impacted.)</i>													
Fall '13 NECAP – Reading				3	4	5	6	7	8			11	
Fall '13 NECAP – Math				3	4	5	6	7	8			11	
Fall '13 NECAP – Writing						5			8			11	
Winter '14 ACCESS for ELLs®	PreK-K	1	2	3	4	5	6	7	8	9	10	11	12
Spring '12 NH ALPs (Enrolled in District between 3/1 and 10/1/13, missed window)			2	3	4	5	6	7	8		10	11	
Spring '13 NH ALPs			2	3	4	5	6	7	8		10	11	
Spring '14 NECAP – Science					4				8			11	

School and SAU Contact Information:

School of Enrollment	
Responsible/Sending District	
SAU Number	
Name of School Principal	
Phone Number for Principal	
Email for Principal	
Name of Superintendent	
Email for Superintendent	



State Approved Special Consideration

FORM 2: PARENT CONSENT SIGNATURE FORM

(Do not submit to NH-DoE. Retain with student record.)

I have consulted with the school district, and agree with this request to exempt my child from statewide assessment. I understand that this means I will have no statewide assessment data for my child for the year of instruction being assessed.

1. Student's name:

2. In the chart below, please mark the assessment(s) and the student grade during the assessment(s).

What grade will the student be in <u>during the assessment(s)</u> for which exemption is being requested? <i>(Please circle the appropriate grade number after name of the test to be impacted.)</i>													
Fall '12 NECAP – Reading				3	4	5	6	7	8			11	
Fall '12 NECAP – Math				3	4	5	6	7	8			11	
Fall '12 NECAP – Writing						5			8			11	
Spring '13 NH-ALPs			2	3	4	5	6	7	8		10	11	
Spring '12 NECAP – Science					4				8			11	
Winter '13 ACCESS for ELLs®	PreK-K	1	2	3	4	5	6	7	8	9	10	11	12

By signing this request,

I **do** or **do not** (circle one) give the district **permission to seek an exemption** for my child from statewide assessment for medical or other extraordinary reasons.

I **do** or **do not** (circle one) give **permission for the district to discuss the request** if necessary with the Director of Statewide Assessment – Tim Kurtz.

Parent Name (Please Print)

Parent Signature

____/____/____
Date

SASC-1: Medical Emergency or Serious Illness

(Pages 5-11)

Students with very serious, chronic, and fragile medical conditions can and do participate successfully in statewide assessment. However, there are rare and unique situations in which a student is unable to participate in any part of statewide assessment. Such decisions must be made with the greatest care and restraint. Every student has the right to participate in statewide assessment in order to show what he or she knows and is able to do as compared to state curriculum standards.

Rule of Thumb:

If the student can receive instruction, the student can participate in statewide assessment.

Special education law requires that each student who receives special education services must have a written IEP that documents how this student will participate in statewide assessment. If a student's IEP team seeks a medical exemption, this team decision must also be documented in the IEP.

THREE CASES OF QUALIFYING MEDICAL EMERGENCY:

SASC CASE 1A: Basic Medical Emergency Or Serious Illness:

In rare instances, a student may be unable to complete or participate in any part of the assessment *due to a documented significant and fully incapacitating medical emergency*. Examples of significant medical emergency include: a serious car accident, hospitalization, or placement in hospice care. Medical emergencies of this kind must be *identified and verified in writing by a licensed physician and kept on file by the local district*. (Students with broken arms can usually participate with accommodations.)

SASC CASE 1B: Progressive Intellectual and Neurological Deterioration (PIND) (Formal “PIND” Diagnosis)

This covers an acute and immediate form of the medical condition known as “**Progressive Intellectual and Neurological Deterioration**” (PIND). This is a condition to be specifically identified by the treating physician. Specific documentation will be required to qualify for this exemption. It means that the student cannot be expected to benefit by showing any growth as a result of instruction within this school year, and that this neurologic deterioration is *expected to continue for the foreseeable future* in the life of this student. The deterioration must be occurring now, must be substantial, and must impact cognitive/intellectual functions. Medical or physical deterioration confined solely to muscular or other non-cognitive forms of decline will not qualify. The consequences of this exemption are extreme. The educational implications are that we stop expecting any academic growth from this child. ***This exemption must be considered with profound caution and used only as an absolute last resort.*** When used properly and with deep deliberation, it is the right thing to do for a few students. Approval duration will be one school year.

SASC CASE 1C: NH ALPS Participating Student Absent April 1 thru May 31 More than 50% of Instructional Time Normally Allocated for this Student in Daily Classroom –Due To Verified Severe Medical/Health Issues Beyond Medical Fragility.

If a student participating in the NH ALPs Assessment has a documented medical condition that causes such severe disruption to instruction during the critical final phase (the entire months April

and May) of the NH ALPs assessment test window, then that student may be eligible for a test exemption based upon CASE 1C.

Approval of a CASE 1C request requires that:

1. The school must identify the number of planned instructional hours for this specific student between April 1st and May 31st of the school year, and
2. The school must document that the student has missed more than 50% of the instructional hours planned for this specific student during this time period, and
3. The school must have documentation that these instructional absences were all caused by a serious or acute medical condition, and not by chronic medical fragility.

Conditions that *do not* qualify for any medical exemption:

- Medical Fragility – All medically fragile students are expected to participate in statewide assessment unless a significant and documented medical emergency exists *in addition to medical fragility*.
- District provided home-based educational programs (student remains enrolled in district)
- Pregnancy
- Students with acute, short term minor illnesses or injuries

Who can sign the Treating Physician Form?

The Treating Physician Form may be signed by a licensed medical professional who is not under contract with the district nor related to the student. The licensed medical professional should have the qualifications necessary to render an informed judgment about how the child's medical condition affects schooling.

Note 1: *Make up testing - Content area tests (NECAP or NH-ALPs) or domain area tests (ACCESS for ELLs®) that cannot be made up may (based on cause) qualify for medical exemption, but in most cases, missed test sessions can be made up. For example, sometimes a medical exemption might be granted for mathematics but not for reading. Typical brief acute illness is not cause for such an exemption.*

Note 2: *Length of Test Window and Medical Exemption: NECAP and ACCESS for ELLs® versus NH-ALPs. When considering medical exemption requests, it's important to consider the differences in the lengths of the test windows: NECAP (about 3 weeks) and ACCESS for ELLs® (about 6 weeks) versus NH-ALPs (more than half a year). Many students who participate in NH-ALPs have chronic or episodic illnesses and are available for instruction (and assessment) only during parts of the testing window. The NH-ALPs testing process is embedded in instruction and can accommodate most of these situations. In general, try to apply the rule of thumb noted above – if the student has been receiving instruction, the student should be assessed. For the NH-ALPs, the entire test window from October 1 to May 5 should be considered. Requests for exemptions should be consistent with the description of Medical Emergency offered above. Final decisions regarding medical exemptions for students taking the NH-ALPs should be finalized by May 5. Please contact the Department if it is necessary to exempt a student from part of the NH-ALPs test due to a medical emergency.*

Note 3: *Missed test windows - Students who qualify for the NH-ALPs, but entered NH public education after March 1 but before the following fall NECAP test may qualify for an exemption. For more information, please see SASC-4 of this document.*

When are Forms for SASC-1 due to the NH Department of Education?

- NECAP: Reading, Math and/or Writing
Must be submitted October 1 – 25, 2013 for the Oct. 2013 Fall NECAP test
- NECAP: Science
Must be submitted May 7 – 25, 2014 for the May 2014 Spring NECAP test
- NH-ALPs: All Content Areas
Must be submitted by June 30, 2014 for the spring 2014 NH-ALPs test
- ACCESS for ELLs[®]: All domains tested
Must be submitted March 1 – 31, 2014 for the winter 2014 ELL test

What Forms must be submitted for SASC-1?

FAX to NH DOE: Form 1 (Student Information Form), retain original with student records

FAX to NH DOE: Form 3 (District Assurances for SASC 1), retain original with student records

Complete Form 2 (Parent) – Retain original with student records, **do not send** to the NH DoE

Complete Form 4 (Physician) – Retain original with student records, **do not send** to the NH DoE



Request for Medical Emergency/Serious Illness Exemption

FORM 3: DISTRICT ASSURANCES FOR SASC 1

(Must be submitted with Request)

It is the responsibility of the district Superintendent to review in a timely manner all requests for State Approved Special Consideration that would permit any student to be exempted from statewide assessment for reasons of medical emergency or death in the family. The criteria below include the minimum conditions that must be addressed in order to grant a student a special consideration exemption from statewide assessment. Upon receipt of a request for such exemption, the Superintendent must determine if the following conditions have been met:

For Case 1A: Complete only the All CASES Assurances.

For Case 1B: Complete the All CASES and the CASE 1B Assurances

For Case 1C: Complete the All CASES and the CASE 1C Assurances

All CASES: Assurances by District Regarding Basic Medical Emergency	Yes	No	If no, then add comment(s):
A1. Was the student consulted prior to the submission of this request?			
A2. Does the student agree with this request?			
A3. Were the parents/guardian consulted prior to the submission of this request?			
A4. Have the parents/guardian signed an agreement to this request? (Form 2)			
A5. Have the parents/guardian signed consent for district staff to share relevant information about this request with the Director of Assessment at the NH Department of Education? (Form 2)			
A6. Is there a serious medical or related qualifying issue that prevents this student from receiving instruction during the remaining test window?			
A7. Has a treating physician certified that this student cannot participate in instruction , even with accommodations, during the remaining test window? (Form 4)			IF NO, student does not qualify under the CASE 1 Rule, but may qualify under CASE 2 or 3.
A8. Has a treating physician certified that this student cannot participate in assessment , even with accommodations, during the remaining test window? (Form 4)			

.....District Assurances Form continues to next page.

If CASE 1B: Also Provide the Following Assurances:	Yes	No	If no, then add comment(s):
B1. Has a treating physician certified that this student suffers from Progressive Intellectual and Neurological Deterioration?			
B2. Has a treating physician certified that the student cannot be expected to benefit by showing any growth as a result of instruction within <u>this</u> school year AND that this neurologic deterioration is expected to continue for the foreseeable future in the life of this student?			
B3. Is the deterioration occurring now AND does it substantially impact the student's cognitive/intellectual functions?			
If CASE 1C: Also Provide the Following Assurances:	Yes	No	If no, then add comment(s):
C1. Has the school identified the number of planned instructional hours for this specific student between April 1 st and May 31 st of the school year	How many planned hours?		
C2 Has the school documented that the student has missed more than 50% of the instructional hours planned for this specific student during this time period	Give % Planned Hrs. Missed		
C3. Does the school have documentation that these instructional absences were all caused by a serious or acute medical condition, and not by chronic medical fragility.			

I certify that the information contained within this notification is complete and accurate.

Superintendent's Name – Print

Student's First Name - Print

Superintendent's Name – Signature

____/____/____
Date

End of District Assurances Form for SASC 1



Request for Medical Emergency/Serious Illness Exemption

FORM 4: TREATING PHYSICIAN FORM

PRIOR TO COMPLETION, PHYSICIAN MUST READ PAGES 5 & 6 OF THIS DOCUMENT
(Do not submit to NH-DoE, retain with student records)

As the treating physician, you are in a position to advise the parents and educational team regarding a request for medical emergency exemption from statewide assessment for the student listed below. It is the purpose of this document to inform the context of the advice you provide in response to this request. It is the responsibility of the public district to review in a timely manner all requests for Medical Exemption that would permit any student to be exempted from statewide assessment for reasons of medical emergency. The criteria below include the minimum conditions that must be addressed in order for the State Department of Education to grant a student a special consideration exemption from statewide assessment.

Student Name:

Please check the assessments to be impacted:	What grade will the student be in <u>during the assessments</u> for which exemption is being requested? (Please check the appropriate box after name of the test impacted.)												
Fall '12 NECAP – Reading				3	4	5	6	7	8			11	
Fall '12 NECAP – Math				3	4	5	6	7	8			11	
Fall '12 NECAP – Writing						5			8			11	
Winter '13 ACCESS for ELLs®	PreK-K	1	2	3	4	5	6	7	8	9	10	11	12
Spring '13 NH-ALPs*			2	3	4	5	6	7	8		10	11	
Spring '13 NECAP – Science					4				8			11	

Treating Physician's Assurances to be Documented by School District for the NH State Department of Education:	Treating Physician Please Mark Response and Initial		
Before responding, please read pages 5 & 6 to inform your answers:	Yes	No	Initials
A1. Is there a medical emergency or serious illness that prevents this student from receiving instruction during the remaining test window? Note: Generally if the student is able to receive instruction during this time, then the student may also participate in assessment.			
A2. I certify that this student cannot participate in instruction , even with accommodations, during the remaining test window.			
A3. I certify that this student cannot participate in assessment , even with accommodations, during the remaining test window.			

If CASE 1B: Also Provide the Following Assurances:	Yes	No	If no, then add comment(s):
B1. As treating physician, I have documented in the medical record that this student suffers from Progressive Intellectual and Neurological Deterioration .			
B2. As treating physician, I certify that the student cannot be expected to benefit by showing any growth as a result of instruction within <u>this</u> school year AND that this neurologic deterioration is expected to continue for the foreseeable future in the life of this student.			
B3. As treating physical, I certify that the deterioration occurring now AND does it substantially impact the student's cognitive/intellectual functions.			
If CASE 1C: Also Provide the Following Assurances:	Yes	No	If no, then add comment(s):
C1. I, as treating physician, certify that I understand that a medical condition involving chronic medical fragility does NOT qualify any student for exemption from statewide academic assessment.			
C2. I, as treating physician, certify that the high proportion of instructional absences for this student between April 1 and May 31 were all caused by a serious or acute medical condition, and not by chronic medical fragility.			

Signature of Treating Physician

Date

End of Form 4: Treating Physician Form

SASC-2: Severe Emotional Distress

Students with very serious, chronic, and fragile medical conditions can and do participate successfully in statewide assessment. However, there are rare and unique situations in which a student is unable to participate in any part of statewide assessment. Such decisions must be made with the greatest care and restraint. Every student has the right to participate in statewide assessment in order to show what he or she knows and is able to do as compared to state curriculum standards.

Rule of Thumb

- If the student can receive instruction, the student can participate in statewide assessment.

Severe Emotional Distress In rare instances, a student may be unable to complete or participate in any part of the assessment *due to documented significant and fully incapacitating emotional trauma that extends across the entire remaining test window*. Severe Emotional Distress qualifies if it prevents the student from participating in instruction offered either at school or at home. Sometime, the distress requires a student to be hospitalized in a mental health facility. Severe Emotional Distress of this kind must be *identified and verified in writing by a licensed mental health worker and kept on file by the local district*.

- *Special education law requires that each student who receives special education services must have a written IEP which documents how this student will participate in statewide assessment. If a student's special education team seeks a severe emotional distress exemption, this team decision must also be documented in the IEP.*

Conditions that do not qualify for exemption:

- Mental health conditions that permit students to receive instruction
- Students placed in county jails or juvenile correctional facilities
- Student or Parent Refusal
- Pregnancy

Who can sign the Treating Licensed Mental Health Worker Form?

The Treating Licensed Mental Health Worker Form may be signed by a licensed mental health worker who is not under contract with the district nor related to the student. The licensed mental health worker should have the qualifications necessary to render an informed judgment about how the child's mental health condition affects schooling.

Note 1: *Make up testing - Content area tests (NECAP or NH-ALPs) or domain area tests (ACCESS for ELLs®) that cannot be made up may qualify for severe emotional distress exemption, but in most cases, missed test sessions can be made up. For example, sometimes a severe emotional distress exemption might be granted for reading but not for mathematics.*

Note 2: *Length of Test Window and Medical Exemption: NECAP and ACCESS ELLs® vs. NH-ALPs. When considering severe emotional distress exemption requests it's important to consider the differences in the lengths of the test windows for NECAP (about 3 weeks) and ACCESS for ELLs® (about 6 weeks) vs. NH-ALPs (half a year). Some students who participate in NH-ALPs have emotional or psychiatric conditions and are available to instruction (and assessment) only during parts of the test window. The NH-ALPs portfolio process is built to accommodate most of these situations. In general, try to apply the rule of thumb noted above – if the student has been receiving instruction, the student should be assessed.*

For the NH-ALPs, the entire window from October 1 to May 5 should be considered. Requests for exemptions should be consistent with the description of Severe Emotional Distress offered above. Final decisions regarding severe emotional distress exemption for students taking the NH-ALPs should be finalized by May 5. Please contact the Department if it is necessary to exempt a student from part of the NH-ALPs test due to a medical emergency.

Note 3: *Missed test windows - Students who qualify for the NH-ALPs, but entered NH public education after March 1 but before the following fall NECAP test may qualify for an exemption. For more information, please see SASC-4 of this document.*

When are Forms for SASC-2 Due to the NH Department of Education?

- NECAP: Reading, Math and/or Writing
Must be submitted October 1 – 25, 2013 for the Oct. 2013 Fall NECAP test
- ACCESS for ELLs®: All domains tested
Must be submitted March 1 – 31, 2014 for the winter 2014 ELL test
- NH-ALPs: All Content Areas
Must be submitted March 1 - May 5, 2014 for the spring 2014 NH-ALPs test
- NECAP: Science
Must be submitted May 7 – 25, 2014 for the May 2014 Spring NECAP test

What Forms must be submitted for SASC-2?

- Form 1 – Fax to NH DoE, retain original with student records
- Form 2 – Retain original with student records, do not send to the NH DoE
- Form 5 – Fax to NH DoE, retain original with student records
- Form 6 – Retain original with student records, do not send to the NH DoE



SASC-2: Severe Emotional Distress

FORM 5: DISTRICT ASSURANCES FOR SASC-2

(Must be submitted with Request)

It is the responsibility of the district Superintendent to review in a timely manner all requests for State Approved Special Consideration that would permit any student to be exempted from statewide assessment for reasons of severe emotional distress. The criteria below include the minimum conditions that must be addressed in order to grant a student a special consideration exemption from statewide assessment. Upon receipt of a request for such exemption, the Superintendent must determine if the following conditions have been met:

Assurances by District:	Yes	No	If no, then add comment(s):
1. Was the student consulted prior to the submission of this request?			
2. Does the student agree with this request?			
3. Were the parents/guardian consulted prior to the submission of this request?			
4. Have the parents/guardian signed an agreement to this request? (Form 2)			
5. Have the parents/guardian signed consent for district staff to share relevant information about this request with the Director of Assessment at the NH Department of Education? (Form 2)			
6. Is there a mental health issue that prevents this student from receiving instruction during the remaining test window? - Note: Generally if the student is able to receive instruction during this time, then the student may also participate in assessment. (See also pages 9-10)			
7. Has a treating mental health worker certified that this student cannot participate in instruction , even with accommodations, during the remaining test window? (see pages 9-10) (Form 6)			
8. Has a treating mental health worker certified that this student cannot participate in assessment , even with accommodations, during the remaining test window? (see pages 9-10) (Form 6)			

I certify that the information contained within this notification is complete and accurate.

Superintendent's Name – Print

Student's First Name – Print

Superintendent's Name – Signature

_____/_____/_____
Date



Request for Exemption due to Severe Emotional Distress

FORM 6: TREATING MENTAL HEALTH WORKER FORM (Do not submit to NH-DoE, retain with student records)

As the treating physician, you are in a position to advise the parents and educational team regarding a request for medical emergency exemption from statewide assessment for the student listed below. It is the purpose of this document to inform the context of the advice you provide in response to this request. It is the responsibility of the public district to review in a timely manner all requests for Medical Exemption that would permit any student to be exempted from statewide assessment for reasons of severe emotional distress. The criteria below include the minimum conditions that must be addressed in order for the State Department of Education to grant a student a special consideration exemption from statewide assessment.

Student Name:

Please check the assessments to be impacted:	What grade will the student be in <u>during the assessments</u> for which exemption is being requested? (Please check the appropriate box after name of the test impacted.)													
Fall '13 NECAP – Reading				3	4	5	6	7	8			11		
Fall '13 NECAP – Math				3	4	5	6	7	8			11		
Fall '13 NECAP – Writing						5			8			11		
Winter '14 ACCESS for ELLs®	PreK-K	1	2	3	4	5	6	7	8	9	10	11	12	
Spring '14 NH-ALPs*			2	3	4	5	6	7	8		10	11		
Spring '14 NECAP – Science					4				8			11		

Treating Physician's Assurances to be Documented by School District for the NH State Department of Education:		Treating Physician Please Mark Response and Initial		
Before responding, please read pages 9 & 10 to inform your answers:		Yes	No	Initials
1	Is there a mental health issue that prevents this student from receiving instruction during the remaining test window? Note: Generally if the student is able to receive instruction during this time, then the student may also participate in assessment. (See also pages 9-10)			
2	I certify that this student cannot participate in instruction , even with accommodations, during the remaining test window. (see pages 9-10)			
3	I certify that this student cannot participate in assessment , even with accommodations, during the remaining test window. (see pages 9-10)			

* For NH-ALPs: Indicate content area(s) if exemption is not for full portfolio:

Signature of Treating Licensed Mental Health Worker

Date

SASC-3: Death in the Family

Each year, some students suffer the loss of a close family member. This is a most difficult time for the student, the student's family, and the student's educational family. Each child responds in a different way and schools should address the student's emotional needs before worrying about participation requirements in statewide assessment. Unlike SASC-1 and SASC-2, the student is probably capable of taking part in statewide assessment, but it may not be appropriate to do so. For some students, exclusion from statewide assessment will be part of what is needed for the school to respond to students' needs. For others, the school will help the student participate in all regularly scheduled school activities – including statewide assessment. School counselors, together with the students' teachers and parents should make the decision carefully. This is one of the times that it will be appropriate to factor the student's wishes into the decision.

All requests for SASC-3 should be made at the end of a test window. Schools may wish to notify the Director of State Assessment by email that they have a student for whom a SASC-3 may be requested. As the testing window comes to an end and the school no longer has enough time to test the student, a formal request may be submitted.

When are Forms for SASC-3 due to the NH Department of Education?

- NECAP: Reading, Math and/or Writing
Must be submitted October 1 – 25, 2013 for the Oct. 2013 Fall NECAP test
- ACCESS for ELLs®: All domains tested
Must be submitted March 1 – 31, 2014 for the winter 2014 ELL test
- NH-ALPs: All Content Areas
Must be submitted March 1 - May 5, 2014 for the spring 2014 NH-ALPs test
- NECAP: Science
Must be submitted May 7 – 25, 2014 for the May 2014 Spring NECAP test

What Forms must be submitted for SASC-3?

Form 1 – Fax to NH DoE, retain original with student records
Form 2 – Retain original with student records, do not send to the NH DoE
Form 7 – Fax to NH DoE, retain original with student records



SASC-3: Death in the Family

FORM 7: DISTRICT ASSURANCES FOR SASC-3

(Must be submitted with Request)

It is the responsibility of the district Superintendent to review in a timely manner all requests for State Approved Special Consideration that would permit any student to be exempted from statewide assessment for reason of death in the family. The criteria below include the minimum conditions that must be addressed in order to grant a student a special consideration exemption from statewide assessment. Upon receipt of a request for such exemption, the Superintendent must determine if the following conditions have been met:

Assurances by District:	Yes	No	If no, then add comment(s):
1. Was the student consulted prior to the submission of this request?			
2. Does the student agree with this request?			
3. Were the parent(s)/guardian consulted prior to the submission of this request?			
4. Have the parent(s)/guardian signed an agreement to this request? (Form 2)			
5. Have the parent(s)/guardian signed consent for district staff to share relevant information about this request with the Director of Assessment at the NH Department of Education? (Form 2)			
6. There is agreement amongst school staff – teacher(s), school counselor, and principal that it is not in the best interest of the student to participate in the assessment due to a death in the student's family.			

I certify that the information contained within this notification is complete and accurate.

Superintendent's Name – Print

Student's First Name - Print

Superintendent's Name – Signature

_____/_____/_____
Date

SASC-5 Student Participating in another State's Assessment System (Other than NECAP)

Students are sometimes placed by their public district in a state other than VT, RI, or ME. NH requires that these students participate in statewide assessment, but does not require that it be NH statewide assessment. In the past, we have had students participate in the MCAS and the MCAS-Alternate Assessment at both public and non-public schools in Massachusetts. While we do not have the ability to include MCAS scores in NH assessment and accountability reporting, we can grant the sending district a SASC to ensure that student's non-participation in NH statewide assessment does not negatively impact district accountability reporting. If a district verifies that the student is participating in a state's assessment system other than NECAP, the district may request an exemption.

NECAP eligible NH public school students attending school in Vermont, Maine, or Rhode Island participate in the NECAP. In general, sending districts arrange NECAP and NH-ALPs testing for students they've place in private or non-public programs anywhere in the country. Receiving public high schools in VT, RI, and ME arrange for NECAP testing for students attending their school. These students are not exempt from testing.

Please contact Santina Thibedeau at the NH Department of Education to discuss any of these cases should they arise.

Santina Thibedeau
271-3846
[Santina.Thibedeau @doe.nh.gov](mailto:Santina.Thibedeau@doe.nh.gov)

- SASC-5 Participating in a Non-NECAP state's assessment program
 - NECAP: Reading, Math and/or Writing
Must be submitted October 1 – 25, 2013 for the Oct. 2011 Fall NECAP test
 - NH-ALPs: All Content Areas:
Must be submitted by May 5, 2014 for the spring 2014 NH-ALPs test
 - NECAP: Science
Must be submitted May 7 – 25, 2014 for the May 2014 Spring NECAP test

What Forms must be submitted for SASC-5?

Form 1 – Fax to NH DoE, retain original with student records

Form 9 – Fax to NH DoE, retain original with student records



SASC-5: Participating in a non-NECAP State's Assessment

FORM 9: DISTRICT ASSURANCES FORM FOR SASC-5

(Must be submitted with Request)

It is the responsibility of the district Superintendent to review in a timely manner all requests for State Approved Special Consideration that would permit any student to be exempted from NECAP or NH-Alt. The criteria below include the minimum conditions that must be addressed in order to grant a student a special consideration exemption. Upon receipt of a request for such exemption, the Superintendent must determine if the following conditions have been met:

Assurances by District:	Yes	No	Comment if necessary.
Name of State where students are placed			
Name of State Assessment			
Is the test a grade level assessment based on grade level achievement standards?			
Is the test a grade level assessment based on modified achievement standards? (2% test)			
Is the test an alternate assessment based on alternate achievement standards? (1% test)			
When is, or was, the assessment administered? (month and year)			
The assessment covered material taught at which grade?			

I certify that the information contained within this notification is complete and accurate.

Superintendent's Name – Print

Student's First Name – Print

Superintendent's Signature

____/____/____
Date